

NAME: _____

ALLERGIC REACTION
EMERGENCY ACTION PLAN

SYMPTOMS: Sudden onset of shortness of breath, wheezing, swelling in throat, painful constriction of chest with difficult breathing, hives, red itchy blotches over skin, flushed skin, rapid pulse, fear, feeling of itching inside, restlessness, nausea, and possible unconsciousness. Sting allergy may reveal localized pain and itching at site of sting. Any change in respirations should be treated as a life threatening emergency.

INTERVENTIONS:

1. SEND CHILD TO SCHOOL NURSE (IF IN BUILDING) OR MAIN OFFICE IMMEDIATELY ACCOMPANIED BY ANOTHER PERSON.
2. Administer any ordered medication. (If Epi-pen or ANA-kit call 911)
3. Observe for signs of anaphylactic shock:
 - increased swelling, hives
 - vomiting
 - respiratory distress
 - loss of color around lips
 - weak pulse
4. Monitor breathing and begin rescue breathing as necessary.
5. Call 911 and transport to _____ Hospital as necessary.
6. Contact parents immediately for pick-up or further information.
7. If stung, remove stinger and apply cool compress to site.
8. Keep child sitting up.
9. STAY WITH CHILD CONTINUOUSLY.
10. If no symptoms after 20 minutes, child may return to class with parent permission.
11. Additional information:

In order to make sure my child's special health needs are met, I understand and agree that the information will be shared with school staff/other personnel on a need to know basis in order to provide appropriate care. I understand and agree that the school nurse may contact my child's doctor about this condition.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

NURSE _____ DATE _____

SCHOOL ALLERGY RECORD

NAME OF STUDENT _____ SCHOOL _____

GRADE/TEACHER _____ YEAR _____

PARENT/GUARDIAN _____ PHONE _____

_____ PHONE _____

HEALTH CARE PROVIDER _____ PHONE _____

1. Does your child wear a "medic alert" bracelet? Yes No
2. Allergy to:

3. Briefly describe what happens during an allergic reaction.

4. Has your child been to the doctor or to an emergency room due to an allergic reaction?
5. Does your child require medical care after a reaction?
6. What steps do you want school personnel to take if your child develops an allergic reaction?
7. If this is a sting allergy, which insects cause it? Does child use an Epi-Pen or ANA kit?
8. In the event that you cannot be contacted, please list emergency phone numbers of persons familiar with you child's allergy.

PLEASE NOTE: If medications are to be taken at school, they must have a prescription label from the doctor, and a medical authorization for must be completed by the doctor and kept at school. Students are NOT allowed to transport medicines. Medical forms may be obtained from the office, and are renewed each year for each medication.

PLEASE READ THE EMERGENCY ACTION PLAN FOR ALLERGIC REACTION ON THE REVERSE SIDE, AND ADD ANY ADDITIONAL INFORMATION.